

EXHIBIT

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Message

From: Mitchell, Debbie [/O=CAH/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DEBBIE.MITCHELL]
Sent: 7/9/2012 9:29:18 PM
To: Adams, Jack [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Jack.Adams]; Baker, Cassi [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Cassi.Baker]; Ballay, Katie [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Katie.Ballay]; Barrett, George [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=George.Barrett]; Bird, Shelley [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Shelley.Bird]; Curley, Sally [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Sally.Curley]; Falk, Steve [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Steve.Falk]; Forester, Cara [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Cara.Forester]; Goldsand, Corey [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Corey.Goldsand]; Henderson, Jeff [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Jeff.Henderson]; Jeff Eller [jeller@pstrategies.com]; Giacomini, Jon [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Jon.Giacomini]; Kaufmann, Mike [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Mike.Kaufmann]; Kerr, Corey [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Corey.Kerr]; LaNouette, Jill [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Jill.LaNouette]; Rosenbaum, Mark [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Mark.Rosenbaum]; Mitchell, Debbie [/O=CAH/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=Debbie.mitchell]; Morford, Craig [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=craig.morford]; Pavol, Stephanie [/O=CAH/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=Stephanie.pavol]; Public Strategies [cardinal@pstrategies.com]; Schumacher, Tara [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Tara.Rogers]; Woodburn, Connie [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Connie.Woodburn]; Mone, Michael [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Michael.Mone]
Subject: FW: Cardinal Health News Alert - FLA

Cardinal Health Wrap Up 07.09.12

An Associated Press article reported “‘Tourists’ visit sights catering to pill trade.” The piece was picked up by *USA Today*, *The Columbus Dispatch*, *Washington Post*, *Bloomberg* and numerous other publications. The article did not mention Cardinal Health.

The *New York Times* reported “After Delay, OxyContin’s Effect on Children in Testing by Purdue Pharma.” Cardinal Health was not mentioned in the report.

The *Globe and Mail* published “Ontario urges feds not to allow generic OxyContin onto market.” The article did not mention Cardinal Health.

Palm Beach Post reported “Doctors booted from Medicaid for massive oxy doses in Florida.” Cardinal Health was not mentioned in the article.

Media Clips**‘Tourists’ visit sights catering to pill trade**

AP via *USA Today*, *The Columbus Dispatch*, *Washington Post*, *Bloomberg*

July 9, 2012

<http://www.dispatch.com/content/stories/local/2012/07/09/tourists-visit-sights-catering-to-pill-trade.html>

LEBANON, Ohio — As he sat in the doctor’s office, ex-boxer and weightlifter Gerald

Dixon explained that years of sports had left him in pain, especially his hands, and he was looking for relief.

After a cursory examination at the clinic in West Palm Beach, Fla., Dixon left with a prescription for 180 doses of OxyContin — and a plan to return to his Ohio home and sell them on the street.

The trips made by Dixon and others like him — authorities dub them “prescription” or “drug” tourists — have complicated the challenges investigators face trying to stem the flow of painkillers, whose prevalence has made drug overdoses the leading cause of accidental death in dozens of states including Ohio, Florida, Kentucky and Utah, surpassing car crashes.

Dixon, 52, a drug dealer for most of his adult life, discovered a new angle on an old profession about 2008. By driving to Florida just once a month and acquiring a bagful of pain pills — legally and illegally — he could earn tens of thousands of dollars.

The only thing the medical clinics that Dixon visited in Florida cared about was the money, he said. A diagnosis for severe pain was easy to obtain.

“It’s all about cash, cash, cash,” Dixon said during a prison interview in April. “You go, you pay the money, and they’re going to come back and say, ‘Yeah, you’re right, you was hurt.’”

Prescription tourists thwart local efforts to combat the illegal sale of painkillers and to treat addicts by bringing huge volumes of drugs in from outside. Cracking down on the trade also requires complicated prosecutions crossing multiple state lines.

These tourists are based in a variety of states, but investigators in Kentucky, Ohio and West Virginia — where authorities have already cracked down on local “pill mills” — are among the busiest trying to track trips to Florida, Georgia and elsewhere.

The lucrative business involves drug dealers dispatching underlings like Dixon to states with numerous pill mills where they load up on painkillers, then return to sell the drugs to addicts willing to pay as much as \$100 a pill, or as much as 10 times the drugstore price.

Florida for years was a popular destination because of its virtually unregulated pain-clinic industry, which provided easy access to thousands of painkillers marketed under names such as OxyContin, Vicodin and Percocet.

As Florida cracks down on its pill mills, the clinics have migrated to states such as Georgia, which had practically none three years ago and now has as many as 150, said Richard Allen, director of the Georgia Drugs and Narcotics Agency.

Runners — another term for people like Dixon or addicts sent to buy pills and take them home — are coming from as close as Kentucky and Tennessee and as far away as Arizona and Nebraska, Allen said.

“They’re like a swarm of locusts,” he said. “Once they have a (prescription), they’ll hit every pharmacy in the state trying to get them filled.”

In eastern Kentucky, several residents arrested in 2009 in a massive drug sweep had visited the Lauderhill Medical Clinic in Oakland Park, Fla. U.S. Attorney Kerry Harvey

estimates that 9 of every 10 patients at the clinic are from Kentucky. He prosecutes about five dozen cases a year involving prescription drugs.

At West Virginia's Huntington Tri-State Airport, authorities have dubbed low-cost flights to Florida aboard Allegiant Air the "OxyExpress." The airline isn't accused of wrongdoing, and spokeswoman Jessica Wheeler says it hasn't been approached by authorities.

In Tennessee, strict laws governing pain clinics force drug dealers out of state for supplies, using I-75 to bring pills back from Florida or move them farther north, said Kristin Helm, spokeswoman for the Tennessee Bureau of Investigation.

Ohio has prosecuted several prescription tourists in recent months, with a federal judge in December sentencing Christopher Thompson of suburban Columbus to 15 years in prison for leading a scheme involving more than a dozen other people who traveled from Ohio to Florida, obtained and filled prescriptions for oxycodone and other drugs, and mailed the pills back to central Ohio for illegal distribution.

"The effect is the same effect as if they were coming out of our own pain clinics," said Aaron Haslam, who directs Ohio's anti-painkiller abuse efforts in the state's attorney general's office. "We have overdoses all over the state of Ohio because of it."

Defendants in one southern Ohio case brought back drugs worth \$50,000 on the street in one trip, Haslam said.

Authorities have fought back with extensive crackdowns in Florida against pill mills and with prosecutions in states, including Ohio, of both drug tourists and the Florida doctors who wrote prescriptions. State medical boards also regularly discipline or revoke the licenses of doctors who overprescribe painkillers.

Florida is finally seeing a drop in pill mills and doctors prescribing painkillers after enacting a 2011 law toughening penalties against doctors and clinics engaged in prescription-drug trafficking.

Still, such a stance has consequences. A group sued the state in 2010 over the pill-mill crackdown. One of the doctors, Paul Sloan, owner of Florida pain-management clinics in Fort Myers and Sarasota, said that there's no question that some doctors and clinic owners were doing bad things, but that the state has overreacted.

"We're dealing with a war on legitimate medications that's being dealt with like we're all cartels and drug lords," he said.

Doctors in that lawsuit defended disbursing prescriptions to patients who paid cash, saying uninsured patients with chronic pain relied on pain pills for relief because they often couldn't afford more expensive procedures or services.

Posing as such a patient can serve a prescription tourist well.

Dixon said he traveled to West Palm Beach for about seven months in 2008, visiting clinics and picking up prescriptions and pills over a two- or three-day period. Dixon never visited more than one doctor but soon was also buying pills from people he met on the streets in deals arranged in motels.

"Once you get to motels down there, it's just like a Wal-Mart or Kmart or Kroger store

for drugs, pills, whatever,” Dixon said. “Once you get in that clique, they will find you.”

He said it was not uncommon to see pills offered from bulging 50-pound dog-food bags filled with the prescriptions.

Dixon was arrested in 2008 returning from what would turn out to be his last trip, set up, he says, by a fellow drug dealer. He had 6,000 pills hidden in a false exhaust system he’d installed beneath the car. He is serving a four-year sentence for drug-trafficking charges. Although painkillers are a legal drug, it’s against the law for anyone but a doctor or pharmacist to dispense them.

Crackdowns like Florida’s may be driving prescription tourists elsewhere, said Haslam, of the Ohio attorney general’s office.

“We’re squeezing a balloon,” he said. “And as you squeeze the balloon, the air in the balloon goes someplace else.”

After Delay, OxyContin’s Effect on Children in Testing by Purdue Pharma

New York Times

July 6, 2012

http://www.nytimes.com/2012/07/07/health/oxycontin-effect-on-children-in-testing-by-purdue-pharma.html?_r=1

To learn how best to prescribe powerful drugs to children, Congress passed a law in the 1990s that rewarded drug makers for conducting clinical studies involving children. Among the incentives for cooperating companies was a possible six-month extension of protection from generic competition after a drug’s patent expired. More than a decade ago, federal regulators asked the producer of OxyContin, a widely abused narcotic painkiller, to run such a trial under the law. The producer, Purdue Pharma <<http://www.purduepharma.com/>>, started a study of children but dropped it in 2004, citing limited financial resources. Now, with OxyContin’s patent set to expire in 2013, the company has begun another study of young patients — opening the possibility for a patent extension for Purdue, worth hundreds of millions of dollars.

The company’s long delay in complying with the Food and Drug Administration’s request rankles critics, who say it is coming far too late for many children. Since the time that the F.D.A. asked Purdue to conduct the research, doctors have prescribed OxyContin to tens of thousands of children and teenagers without the benefit of study data to guide them.

“It looks to me like a raw, crass, last-gasp exploitation of a drug that has been synonymous with misuse, abuse and harm to patients,” said Dr. Arthur Caplan, the head of the division of medical ethics at NYU Langone Medical Center.

A spokesman for Purdue, which is based in Stamford, Conn., said that the company

decided in 2004 to redirect the money it was spending on a pediatric trial into an effort to develop a version of OxyContin that was more resistant to being abused.

"We reinitiated the remaining pediatric trials once we had the necessary resources to continue them," said that spokesman, James W. Heins. "These trials are challenging to conduct and can take years to complete."

In 2004, the year Purdue Pharma abandoned the trial, sales of OxyContin reached \$1.7 billion, according to IMS Health, a consulting firm. Over the last decade, sales of the painkiller have exceeded \$15 billion.

No one questions that OxyContin, a time-release version of a narcotic drug or "opioid" called oxycodone, can benefit some younger patients suffering severe pain from cancer

<<http://health.nytimes.com/health/guides/disease/cancer/overview.html?inline=nyt-classifier>> or conditions like sickle cell anemia

<<http://health.nytimes.com/health/guides/disease/sickle-cell-anemia/overview.html?inline=nyt-classifier>> . Some experts say the study will

provide useful data to guide the drug's use.

But other experts worry that little is known about OxyContin's long-term risks in adults, much less children.

For example, opioids like OxyContin have been shown to reduce the production of sexual hormones in both men and women, leading to extreme lethargy

<<http://health.nytimes.com/health/guides/symptoms/fatigue/overview.html?inline=nyt-classifier>> and lack of drive.

"Opioids have endocrinological effects and therefore potential developmental complications are a concern," said Dr. C. Richard Chapman, the former head of the Pain Research Center at the University of Utah. "It just doesn't make sense."

In 1997, Congress passed the Best Pharmaceuticals for Children Act

<<http://www.fda.gov/RegulatoryInformation/Legislation/FederalFoodDrugandCosmeticActFDCAAct/SignificantAmendmentstotheFDCAAct/ucm148011.htm>> , the statute

that created the incentive for drug makers to test the products in young patients. Not long after the bill's passage, the Food and Drug Administration formally requested that Purdue Pharma conduct three studies of oxycodone, OxyContin's active ingredient, said the company spokesman, Mr. Heins.

In written responses to questions, Mr. Heins said that the company completed two of those studies, both of which involved oxycodone in liquid form, the way a drug might be administered in a hospital using an injection or through an intravenous drip. But the third study requested by the F.D.A. — a pediatric trial of OxyContin itself, a time-release pill form of oxycodone — was not conducted.

Mr. Heins said the company abandoned the trial in 2004 after enrolling just a few patients. "It had to be discontinued because of a lack of resources," Mr. Heins wrote.

Mr. Heins added the company focused its spending on the development of a more abuse-resistant form of OxyContin. Purdue Pharma has since patented that version of the drug and is now marketing it.

Pediatric drug studies can cost millions of dollars to conduct.

A spokeswoman for the F.D.A., Karen Riley, declined as a matter of policy to discuss the agency's interactions with Purdue Pharma because it involved business confidential information.

In 2009, about a decade after the F.D.A.'s original request, Purdue Pharma assembled a panel of experts to discuss how to best proceed with the pediatric trial of OxyContin, Mr. Heins said. New talks with the F.D.A. followed and an agreement was reached in 2010 on a trial design, he added.

The company's pediatric study drew public attention this week when The Daily <http://www.thedaily.com/page/2012/07/02/070212-news-oxycontin-kids-1-4/> , an online publication, wrote an article about it.

Dr. Nathaniel P. Katz, a pain management expert, said that over the last decade, the F.D.A. had changed the type of information it seeks from makers of narcotic painkillers who run pediatric trials. Initially, he said, the agency wanted studies similar to traditional trials in which some patients were put on the drug being studied and other patients received a placebo like a sugar pill.

"Where are you going to find parents willing to take the risk that their child will be put on a placebo?" Dr. Katz said.

The study that Purdue Pharma is currently conducting is not a placebo trial. Instead, it involves about 150 patients from 6 to 16 years of age who are already on opioid painkillers. In the study, which is expected to be completed next year, those patients will get OxyContin for up to six months.

Senator Richard Blumenthal, a Democrat of Connecticut who investigated Purdue Pharma while attorney general of that state, said that while the company might benefit from the pediatric testing law, its delay in running the OxyContin trial did not appear to reflect the statute's spirit.

"If a drug is going to be used on children, tests to ascertain its safety should be run as early as possible," he said.

Ontario urges feds not to allow generic OxyContin onto market

The Globe and Mail

July 6, 2012

<http://www.theglobeandmail.com/news/national/ontario-urges-feds-not-to-allow-generic-oxycontin-onto-market/article4396748/>

Ontario is "strongly urging" the federal government not to let generic brands of the popular painkiller OxyContin into Canada once Purdue Pharmaceuticals' patent runs out this fall.

The expiration of Purdue's OxyContin patent on Nov. 25 opens the door for other companies to manufacture cheaper generic versions of the controlled-release oxycodone. Purdue will continue to make a new, tamper-resistant patented drug -

OxyNEO – introduced to replace OxyContin earlier this year.

In a letter to federal Health Minister Leona Aglukkaq sent Friday, Ontario Health Minister Deb Matthews asked Health Canada to withhold approval from applications to get generic versions on the market. Approving them, Ms. Matthews writes, “would further exacerbate the incidences of addiction and death in Canada and contribute to a growing public health crisis.”

OxyContin is among the most widely abused prescription drugs in Canada. Years into an epidemic, provinces are tightening rules on painkillers covered by their health plans and trying to get a better handle on who’s getting what pills and where.

“I understand generic manufacturers may have submitted their products for approval to market in Canada,” Ms. Matthews’ letter reads. “I urge you to direct your officials to consider the broader public health perspective.... The costs to society of the reintroduction of the more-easily abused version far outweigh the financial benefits.”

Health Canada confirmed that generic oxycodone could be on the market Nov. 25 if applications are approved, but wouldn’t say whether anyone has applied. “Once a submission is received, its existence or non-existence within the department remains confidential, proprietary information until it is approved,” spokeswoman Olivia Caron said in a e-mail.

At least one of Ms. Matthews’ provincial counterparts agrees with her.

“Easy access to these highly addictive drugs is a serious problem,” Prince Edward Island Health Minister Doug Currie said Friday. “We need to closely evaluate these types of drugs – just because it's generic doesn't mean we need it.”

Canadians pop more pills than nearly any country in the world, behind only the United States and Belgium in prescription opioid use. In 2006 in Ontario, as many people were killed by opioids as were drivers in car accidents.

But it’s a tricky public-health crisis to tackle: Not only are these drugs legal, they’d badly needed by many patients in pain.

Purdue discontinued OxyContin this March in favour of OxyNEO, which is supposed to be tamper-proof and therefore harder to abuse. At the same time, many provinces restricted access to the OxyNEO they pay for, requiring physicians to make a special case for patients to receive the drug.

David Juurlink, a drug-safety specialist at Sunnybrook Health Sciences Centre in Toronto, hopes Health Canada doesn't approve any generic versions of the controlled-release oxycodone.

"It will be in pharmacies across Canada – 20, 40, 80 milligrams of easily crushed oxycodone that people can go back to snorting or injecting.... The streets will readily fill up again with tablets."

Doctors booted from Medicaid for massive oxy doses in Florida

Palm Beach Post

July 8, 2012

<http://www.palmbeachpost.com/news/news/state-regional/doctors-booted-fom-medicaid-for-massive-oxy-doses-/nPpMf/>

The state's most prolific prescriber of Medicaid-financed oxycodone to the poor in 2010 and 2011 has been barred from participating in the taxpayer supported health care program, one of 76 such high-volume prescribers identified in a *Palm Beach Post* investigation.

Four others, including West Palm physician Dr. John Christensen, are either under regulatory scrutiny or have been disciplined for their prescribing patterns. None wrote more oxycodone prescriptions than Dr. Jorge Leal. The Tampa-area anesthesiologist and pain clinic specialist prescribed over 715,000 doses of oxycodone billed to Medicaid over two years – on average, just under 1,000 doses a day. On busy days, Leal's oxycodone scripts were filled by the bushel: Multiple times, more than 2,000 pills a day were filled by pharmacies and billed to Medicaid; during one 24-hour period, that number topped 4,000 pills.

Seven people in Florida die each day from prescription drugs, a 2009 study found; oxycodone killed the most.

Despite state law enforcement's all-out war on oxycodone abuse, however, Medicaid paid for more than 49 million doses of the powerful narcotic oxycodone over a two year period, *The Post* found. Only 1.3 million adults are enrolled in Medicaid. The majority of those doses were in the form of oxycodone pills not mixed with aspirin or another drug. While effective for relieving severe pain, including pain from cancer, such "undiluted" oxycodone is also favored by addicts.

Leal said through a lawyer that his two pain clinics were among a diminishing number still willing to treat Medicaid patients, which may have accounted for the higher oxycodone dosage figures. "In this area, Medicaid only has one provider in Pinellas

County for pain management, no provider is listed for Pasco County, and only two provider groups are listed in Hillsborough County,” pointed out attorney Jon Pellett.

Asked about the decision to drop Leal from Medicaid, a spokeswoman with Florida’s Agency for Health Care Administration said that the state could cut off a physician from the program with 30 days notice without providing specific reasons.

In addition to Leal, another physician, Dr. Harold Laski of Jacksonville, has had his Medicaid privileges revoked. Laski, who could not be reached for comment, wrote prescriptions totaling 105,189 doses of oxycodone.

Among the other Florida doctors who wrote Medicaid-funded oxycodone prescriptions topping 100,000 doses in 2010 and 2011:

- Partly citing overprescribing, the state Board of Medicine last month revoked Dr. John Christensen’s medical license. The West Palm Beach physician prescribed 148,367 doses of oxycodone billed to Medicaid in 2010 and 2011.
- Dr. William Crumbley, who prescribed 173,699 doses of oxycodone, a figure that translates to about 260 pills a day, rejected a settlement offer from the Board of Medicine permanently restricting him from prescribing certain narcotics, including oxycodone, as well as barring the Tampa-area physician from affiliating with any pain management clinic in Florida. Crumbley was arrested late last year on charges of operating a pain clinic without a license. He was subsequently charged with bringing drugs into jail. He has entered a plea of not guilty.
- St. Petersburg internist Dr. Fadi Saba is being monitored by the state’s Bureau of Medicaid Program Integrity. Saba prescribed a total 110,000 doses of oxycodone billed to Medicaid in 2010 and 2011.
- Monitoring, said an ACHA spokeswoman, “means that there is an open case on that provider or (the state) is monitoring prescribing reports to determine if further investigation is warranted.”

The monitoring information was included in a letter sent earlier this year by state health officials to U.S. Sen. Charles Grassley. The Iowa Republican has asked states to identify and give him the status of high volume prescribers of certain psychiatric medicines and pain killers billed to Medicaid, including oxycodone.

In serious cases following monitoring, the doctor can be kicked out of the Medicaid program.

That has not always worked out as planned. For instance, Dr. Robert Reppy of Tampa, a high-volume prescriber, was terminated from the Medicaid program on Feb. 24, 2011.

But beginning the next day and continuing for months afterwards, the doctor's oxycodone prescriptions were still being filled at pharmacies, state-provided data shows. In all, 16,305 doses of oxycodone prescribed after he was ousted from Medicaid were billed to the health care program.

"We are reviewing the prescriptions for the time period Dr. Reppy was inadvertently allowed to prescribe to verify they were medically necessary," confirmed another ACHA spokeswoman.